



CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



Pharmacy Enrollment

in the Connecticut (Pediatric) Vaccine Program

Our Website

- All information discussed on this webinar is on our [enrollment webpage](#).
- A recording of this webinar will be posted on our webpage.
- Questions asked during this webinar will be posted on our webpage.

The screenshot shows the top portion of the DPH Immunizations website. At the top left is the 'ct.gov STATE OF CONNECTICUT' header. Below it is the 'DPH IMMUNIZATIONS' title. A navigation menu includes 'HOME', 'VACCINE PROVIDERS', 'GENERAL PUBLIC', 'LAWS AND REGULATIONS', 'CONTACT US', 'CT IMMUNIZATION COALITION', and 'DEPART'. A secondary menu below has 'ABOUT US', 'MEMBERSHIP', and 'RESOURCES'. The main content area features a banner with a photo of a child and a link 'VACCINES SUPPLIED BY THE CVP PROGRAM >'. Below this is a section titled 'Enroll or Re-enroll in CVP Program' with a person icon and a plus sign. The text states: 'All Providers in the CVP program need to complete the Provider Profile and Agreement on an annual basis. New providers can join the program at any time.' At the bottom of this section are three links: 'NEW PROVIDER ENROLLMENT | HOW TO ENROLL/RE-ENROLL | STATUS AND HELP'.

Agenda

- CVP Overview
- Enrollment forms
- Vaccine storage and handling requirements
- Requesting access to CT WiZ
- Completing the enrollment in CT WiZ
- Help desk
- Q&A

CVP Overview

- Connecticut Vaccine Program (CVP) is a universal vaccine program
 - The State of CT Immunization provides all Advisory Committee on Immunization Practices recommended vaccines for all children regardless of insurance status through the age of 18
 - Only exception is HPV vaccine for HPV vaccine privately insured 15 and 16 year old children. For 15 and 16 year olds, providers need to purchase the HPV vaccine and bill the patient's private insurance.
- Beginning July 1, 2024, CVP will provide HPV vaccine for all children age 11 through 18 years.



CVP Overview - CVP Vaccine Eligibility Criteria

CT Vaccine Providers (CVP) webpage
under Additional Resources:
[https://portal.ct.gov/-
/media/Immunization/Provider-
Page/PDFs/CVP/Connecticut-Vaccine-
Program-CVP-Eligibility-Criteria.pdf](https://portal.ct.gov/-/media/Immunization/Provider-Page/PDFs/CVP/Connecticut-Vaccine-Program-CVP-Eligibility-Criteria.pdf)

Connecticut Vaccine Program (CVP) Eligibility Criteria as of July 1, 2023

| Vaccine | Age Group | Status of Children VFC and State Supplied Vaccine | | | | CPT Code(s) |
|---|---------------------------------|--|--|---|---------------------|------------------------|
| | | VFC Eligible ¹ | Non-VFC Eligible Privately Insured ² | Non-VFC Eligible Under- Insured ² | S-CHIP ² | |
| Hepatitis B | Newborns in hospital | YES | YES | YES | YES | 90744 |
| | Children 0-18 years | YES | YES | YES | YES | |
| Varicella (Doses 1 & 2) | 12 months-18 years ³ | YES | YES | YES | YES | 90716 |
| Td | 7-18 years ⁴ | YES | YES | YES | YES | 90714 |
| MMR | 12 months-18 years | YES | YES | YES | YES | 90707 |
| | College (any age) | YES | YES | YES | YES | |
| MMRV (Doses 1 & 2) | 12 months-12 years | YES | YES | YES | YES | 90710 |
| DTaP | 2 months – 6 years | YES | YES | YES | YES | 90700 |
| Hib | 2-59 months | YES | YES | YES | YES | 90647, 90648 |
| IPV | 2 months-18 years | YES | YES | YES | YES | 90713 |
| DTaP/IPV | 4-6 years | YES | YES | YES | YES | 90696 |
| DTaP/IPV/Hep B | 2-83 months | YES | YES | YES | YES | 90723 |
| DTaP/IPV/Hib | 2-59 months | YES | YES | YES | YES | 90698 |
| DTaP/IPV/Hib/Hep B | 2-59 months | YES | YES | YES | YES | 90697 |
| Meningococcal Conjugate High Risk: | 2 months-10 years | YES | YES | YES | YES | 90619, 90734 |
| | Routine Doses 1 & 2: | | | | | |
| | 11-18 years | YES | YES | YES | YES | |
| Tdap | 7-18 years ⁵ | YES | YES | YES | YES | 90715 |
| Pneumococcal Conjugate 13 | 2 months-18 years | YES | YES | YES | YES | 90670 |
| Pneumococcal Polysaccharide (PPSV23) | 2-18 years | YES | YES | YES | YES | 90732 |
| Influenza | 6 months-18 years | YES | YES | YES | YES | 90672, 90674, 90686 |
| Hepatitis A | 12 months -18 years | YES | YES | YES | YES | 90633 |
| Rotavirus | 6 weeks-8 months | YES | YES | YES | YES | 90680, 90681 |
| HPV (males & females) | 9,10, 15, 16 yrs | YES | NO | YES | YES | 90651 |
| | 11-14 & 17-18 yrs | YES | YES | YES | YES | |
| Meningococcal Serogroup B High Risk: | 10-18 years | YES | YES | YES | YES | 90620, 90621 |
| | Routine Doses 1 & 2: | | | | | |
| | 16-18 years | YES | YES | YES | YES | |
| Pneumococcal Conjugate 15 | 2 months-18 years | YES | YES | YES | YES | 90671 |

- VFC eligibility is defined as follows: (a) Medicaid enrolled; (b) NO health insurance; (c) American Indian/Alaskan native; or (d) underinsured seen at an FQHC.
- Non-VFC children refers to patients who have private insurance that covers the cost of immunizations, patients that are under-insured for some or all vaccines seen by a private provider; and S-CHIP children- those children enrolled in HUSKY B.
- Susceptible children who do not have a clinical history of chicken pox.
- Td vaccine can be given to children 7-18 years of age to complete their primary series, or to those children 7-18 years of age who are in need of a Tetanus containing vaccine and cannot receive Tdap.
- Tdap vaccine should be administered routinely to children at the 11-12 year old preventive health care visit, and to children 7-10 & 13-18 years old who have not been fully vaccinated against pertussis and for whom no contraindication to pertussis containing vaccine exists.

As of July 1, 2023, the only childhood vaccine not universally available from the CVP is HPV for privately insured patients 9 & 10, & 15 & 16 years of age. Providers can purchase this vaccine privately and submit billing requests to the appropriate insurer in accordance with normal billing procedures.

CVP Overview - Ordering

- Enrolled providers may order vaccines as often, and as many doses, as they wish during the course of a month.
- Providers should only order enough doses they can safely store in their unit (fridge/freezer) and that they truly need until their next order.
- Providers must reconcile their inventory in CT WiZ at least once every 30 days.



CVP Overview – Vaccine Administration Fee

- Since the Connecticut Vaccine Program (CVP) provides all the vaccines, free of charge, providers cannot bill for the cost of the vaccine
- Providers can bill a vaccine administration fee.
- The administration fee is whatever amount Medicaid/private insurance reimburses for its patients.
- For those patients paying out of pocket (uninsured) the maximum providers can collect is \$21.00 per dose, and the fee must be waived if the patient cannot afford to pay.



CVP Overview – Vaccine Wastage/Restitution

- Vaccine Restitution: Providers are responsible for using the vaccines they order. If they can't use all the doses they order, they must transfer the doses to another CVP provider AT LEAST 4 months before they expire. Providers can contact our program for help.
- Providers who allow vaccines to expire or don't transfer doses at least 4 months before the expiration date will be required to replace the wasted vaccine on a dose for dose basis at their own cost. CVP allows a one-time allowance for vaccine wastage up \$1300 based on Federal Contract prices.



New Provider Enrollment Form

To begin the process, two forms need to be submitted to DPH:

1) [New Provider Enrollment Form](#) - email to dph.immunizations@ct.gov

2) [CT WiZ Application for Electronic Reporting](#) – submit online



New Provider Enrollment Form



All public and private health care providers who receive vaccine from the Connecticut Vaccine Program (CVP) must complete this enrollment form. Once we receive this, we will contact you to schedule a site visit where we will go over the requirements of the program as well as review storage units/data loggers used to store CVP vaccines. Once the provider is approved, you will be asked to request access to CT WiZ and be required to report and order through CT WiZ.

Please send completed enrollment to dph.immunizations@ct.gov

Click To Submit

| CLINIC INFORMATION | |
|--|---------------------|
| Clinic Name: | PIN: |
| Part of a Provider Group: <input type="checkbox"/> No <input type="checkbox"/> Yes Name: | |
| Clinic Category: <input type="checkbox"/> Pharmacy <input type="checkbox"/> Private Provider <input type="checkbox"/> Public Health <input type="checkbox"/> Other: | |
| Mailing Address: | |
| City: | |
| County: | State: CT Zip Code: |
| Shipping Address: <input type="checkbox"/> Check here if same as Mailing Address | |
| City: | |
| County: | State: CT Zip Code: |
| CONTACT INFORMATION | |
| <i>The primary and backup coordinators are responsible for the storage and handling of the vaccine as well as the inventory, ordering, etc. Please see Vaccine Coordinator role document listed on our website for more information.</i> | |
| Primary Coordinator: | Title: |
| Phone Number: | Fax Number: |
| Email: | |
| Back-Up Coordinator: | Title: |
| Phone Number: | Fax Number: |
| Email: | |
| <i>This will be the Physician signing the agreement (or equivalent). To view the agreement, visit our website. Upon completing a new provider enrollment visit with a DPH staff member, the Physician signing the agreement (or equivalent) will be required to sign into CT WiZ yearly to electronically sign off on the agreement.</i> | |
| Physician Signing the Agreement/Medical Director: | |

Application For Electronic Reporting to CT WiZ (HL7/UI)

Please read the requirements before completing the Application

All vaccinating health care providers are required to report electronically to CT WiZ. Please complete this application to submit your intention to start the CT WiZ electronic reporting process. Below are your options for reporting:

- Bi-directional (VXU and Query & Response):** connect your EHR to CT WiZ to automatically submit immunizations you entered in EHR, and your staff can electronically query CT WiZ for your patients' immunization records and forecasting
- Uni-directional reporting (VXU-only):** connect your EHR to CT WiZ to automatically submit immunizations you entered in your EHR
- User Interface (Direct Data Entry in CT WiZ):** your staff can login to CT WiZ and manually enter vaccines administered (this option is used when a clinic does not have an Electronic Health Record (EHR) that can connect to CT WiZ)
- Both (User Interface/Bi-directional):** start this option in parallel when your EHR vendor requires additional time to setup your interface. Your staff can start with the user interface and once the EHR interface is ready, DPH will support you to transition to just EHR reporting
- Query and Response (Query-only):** from your EHR your staff can electronically query CT WiZ for your patients' immunization records and forecasting

The application process takes approximately 10-15 minutes to complete.
 If the organization has more than five locations, click on "More Than Five Locations" and complete the spreadsheet.
 Complete the required fields * on the form.
 At the bottom of the form, click on "Upload More Than Five Locations" and upload the "ClinicLocations" spreadsheet.

More Than Five Locations

Please select an option: *

Bi-directional
 Uni-directional reporting (VXU-only)
 User Interface (Direct Data Entry in CT WiZ)
 Both (User Interface/Bi-directional)
 Query and Response (Query-only)

Provider Organization Information

| | | | |
|--|---|---------------|----------------------|
| Type of organization : | <input type="text" value="Select one"/> | Address: | <input type="text"/> |
| NPI number: | <input type="text"/> | City: | <input type="text"/> |
| Organization name: | <input type="text"/> | State: | <input type="text"/> |
| CVP or CoVP PIN: | <input type="text"/> | Zip Code: | <input type="text"/> |
| Is clinic attesting to Promoting Interoperability: | <input type="radio"/> Yes <input type="radio"/> No* | Phone number: | <input type="text"/> |
| | | Email: | <input type="text"/> |

Organization Point of Contact

| Organization Manager | | Vaccine Manager | |
|----------------------|----------------------|-----------------|----------------------|
| Full name: | <input type="text"/> | Full name: | <input type="text"/> |
| Email: | <input type="text"/> | Email: | <input type="text"/> |
| Phone number: | <input type="text"/> | Phone number: | <input type="text"/> |

List of Locations that Give Immunizations

Is the 'Organization Location One' address the same as the Provider Organization address?: Yes No*

If the organization has more than five locations, click on **More Than Five Locations** and completed the spreadsheet.

More Than Five Organization Locations

Upload the "more than five locations spreadsheet"

Are you uploading more than five locations spreadsheet: Yes No

Provider Enrollment Assessment

Purpose:

- Educate on Program Vaccine Storage and Handling Requirements
- Provide Resources:
 - [CVP Blue Folder](#)
 - [CDC's Vaccine Storage and Handling Toolkit](#)
 - [CT Vaccine Program \(CVP\) \(landing page\)](#)
- Assess the provider's ability to store and monitor vaccine supply according to program requirements (CVP requirements mirror the CDC requirements)

Provider Enrollment Assessment

Vaccine Storage Units

The following storage units are appropriate to store CVP vaccines:

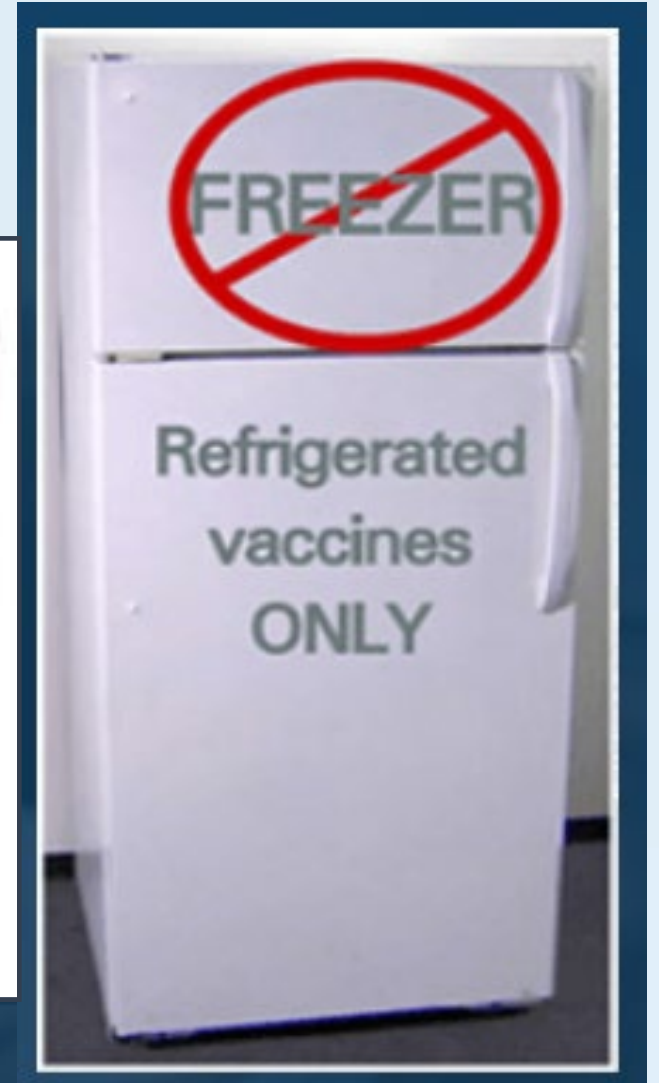
- Purpose-built or pharmaceutical-grade storage units
- Stand-alone refrigerator or stand-alone freezer

[AAP Storage Unit Guidance Document](#)



Provider Enrollment Assessment

Dormitory-style refrigerators and freezer compartments of household combination units are not allowed to be used to store vaccines



Source: Centers for Disease Control and Prevention

Provider Enrollment Assessment

Temperature Monitoring Device

Every vaccine storage unit must have a Temperature Monitoring Device (TMD) and an accurate temperature history that reflects actual vaccine temperatures. This is critical for protecting the viability of vaccines.

Monitoring vaccine storage equipment and temperatures are daily responsibilities to ensure the viability of your vaccine supply.



Provider Enrollment Assessment

CDC and CVP recommend the following TMD features:

- A detachable buffered probe (best reflects vaccine temperatures)
- Buffered probe for refrigerate vaccine or regular freezer (i.e., glycol/pure propylene glycol)
- Alarm indicating temperature excursions every 15 minutes or less
- Current, minimum, and maximum temperatures
- Low battery indicator
- Accuracy of +/- 0.5°C (1°F) Memory storage of at least 4,000 readings
- User programmable logging interval (or reading rate) at least 15 minutes or less

[AAP Data Logger Guidance Document](#)

It is the practice's responsibility to ensure that thermometers are working properly, and a current certificate of calibration is maintained.

Provider Enrollment Assessment

Vaccine Management Plan

All facilities administering vaccines **MUST** have a vaccine management plan for routine and emergency vaccine management.

Emergency back-up plan for temperature excursion (loss of power, storage unit malfunction...)

- Must be updated annually
- Must be easily accessible to staff in the event of an emergency in order to preserve vaccines. (i.e. post the back-up plan on the storage units)
- Office staff should be up-to-date with current standards for routine storage and handling and all emergency procedures.

Provider Enrollment Assessment

Temperature Range for CVP Vaccine:

- ❖ Refrigerated vaccine range is ***36°F to 46° F (2°C to 8°C)***
- ❖ Freezer vaccine range is ***-58°F to 5°F (-50°C to -15°C)***

Report temperatures to help desk if:

- ❖ **Temperature is above the appropriate range for 2 or more hours**
- ❖ **Temperature is below the appropriate range for 15 minutes or more**

Any temperature found outside the appropriate range is considered a temperature excursion and must be identified. All actions steps must be documented on a temperature troubleshooting record.

- [Vaccine Storage Troubleshooting Record \(immunize.org\)](https://immunize.org)
- Refer to the CDC [Vaccine Storage and Handling Toolkit \(cdc.gov\)](https://www.cdc.gov) *for further information on the proper storage and handling of vaccine.*

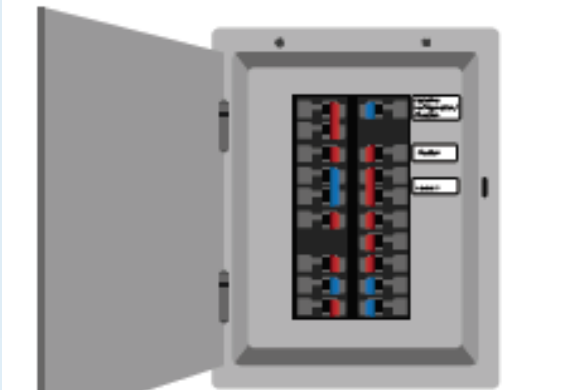
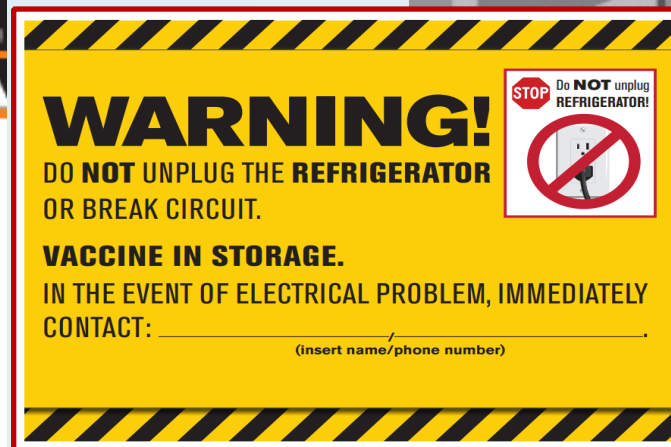
Provider Enrollment Assessment

Temperature Excursion

- Quarantine and label vaccines exposed to an excursion as “DO NOT USE” but keep them in a storage unit at the correct temperature range until viability is determined. This may require vaccines to be relocated in accordance with the practice [Emergency-Vaccine-Storage-Backup-Plan.pdf \(ct.gov\)](#) [Never allow vaccines to remain in a nonfunctioning storage unit]
- Contact the vaccine manufacturer to obtain documentation supporting the usability of the vaccine.
- Submit a help desk ticket and all information detailing the excursion.

Vaccine Storage Equipment Set-up

- ✓ Glycol Probe Placed in the Center
- ✓ Do Not Unplug Signs Over the Outlets
- ✓ Circuit Breaker Marked



Storage and Handling Required Documentation

The following information must be emailed to dph.immunizations@ct.gov:

- Completed and signed *Vaccine Storage and Handling Readiness Checklist*-attesting that your facility has the appropriate storage equipment in place to receive the CVP vaccines
- Pictures of all storage units (refrigerator and freezer open/closed).
- *Do Not Disconnect/Unplug* signage (refrigerator and freezer)
- Pictures of your TMD for all units along with a current and valid certificate of calibration.
- A copy of your Vaccine Management and CVP Back-up plans
- Downloads from your TMD (DDL) for all units showing at least 72 hours of stable temperatures.

All storage equipment **MUST** be entered in CT WiZ Managed Assets

Request CT WiZ username

1. To request access to CT WiZ, visit the [CT WiZ login page](#) and click on [Request User Account](#).
2. Complete the user registration page, including which user access will be needed based on your role at the facility. Coordinators should select the appropriate “Access Requested” (primary or backup), and physicians signing the agreement (or equivalent) should choose Chief Medical Officer/Physician Signing Agreement.
3. Once completed, you will see a success message. DPH will review your request.

Updating Clinic Information Screens

CT WiZ WEBINAR TRAINING PEDIATRICS, WEBINAR TRAINING PEDIATRICS H... PATIENT SEARCH Support Notifications 1 KIMBERLY

Clinic Staff Change Request

Select or add a new clinic staff member to submit a change request. The change will take effect after the request is approved.

| Name | Type | Phone | Main Contact/Shipping Contact | Audit | Action |
|---------------|---|-------|-------------------------------|-------|--------|
| MOUSE, MINNIE | NON-PHYSICIAN CONTACT (BACK-UP) (Z5 - VFC/VTRCKS) | | NO | ? | EDIT |
| USER101, TEST | NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/VTRCKS) | | YES | ? | EDIT |
| USER21, TEST | PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/VTRCKS) | | NO | ? | EDIT |

Showing 1 to 3 of 3 entries

Change Request History

| Name | Submitted On | Clinic | Status | Action |
|---------------|--------------|---------------------------------|-----------|-------------------|
| USER101, TEST | 10/05/2020 | WEBINAR TRAINING PEDIATRICS HL7 | COMPLETED | |
| USER101, TEST | 10/05/2020 | WEBINAR TRAINING PEDIATRICS HL7 | COMPLETED | |
| USER22, TEST | 09/30/2020 | WEBINAR TRAINING PEDIATRICS UI | COMPLETED | |
| USER22, TEST | 09/09/2020 | WEBINAR TRAINING PEDIATRICS UI | DENIED | RESUBMIT Comments |
| USER21, TEST | 09/11/2019 | WEBINAR TRAINING PEDIATRICS UI | COMPLETED | |

Showing 1 to 5 of 5 entries

Add New Contact

Edit Clinic

Address / Name

Contact Information

Delivery Hours

Staff

1. Login to CT WiZ
2. Click on Clinic Tools
3. Click on Clinic Information
4. Click on type of information that needs to be updated or changed
5. On this screen you can 'Add New Contacts' and/or Remove or Edit existing Clinic Contacts

For step-by-step instructions on how to update clinic staff/address name/contact information/delivery hours, click the following link: [change clinic details](#)

Primary and Backup Coordinator Roles

Clinic Staff Change Request

Select or add a new clinic staff member to submit a change request. The change will take effect after the request is approved.

| Name | Type | Phone | Main Contact/Shipping Contact | Audit | Action |
|---------------|---|-------|-------------------------------|-------|--------|
| MOUSE, MINNIE | NON-PHYSICIAN CONTACT (BACK-UP) (Z5 - VFC/VTRCKS) | | NO | ? | EDIT |
| USER101, TEST | NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/VTRCKS) | | YES | ? | EDIT |
| USER21, TEST | PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/VTRCKS) | | NO | ? | EDIT |

Showing 1 to 3 of 3 entries

Change Request History

| Name | Submitted On | Clinic | Status | Action |
|---------------|--------------|---------------------------------|-----------|-------------------|
| USER101, TEST | 10/05/2020 | WEBINAR TRAINING PEDIATRICS HL7 | COMPLETED | |
| USER101, TEST | 10/05/2020 | WEBINAR TRAINING PEDIATRICS HL7 | COMPLETED | |
| USER22, TEST | 09/30/2020 | WEBINAR TRAINING PEDIATRICS UI | COMPLETED | |
| USER22, TEST | 09/09/2020 | WEBINAR TRAINING PEDIATRICS UI | DENIED | RESUBMIT Comments |
| USER21, TEST | 09/11/2019 | WEBINAR TRAINING PEDIATRICS UI | COMPLETED | |

Showing 1 to 5 of 5 entries

1. Login to CT WiZ
2. Click on Clinic Tools
3. Click on Clinic Information/Staff
4. Add New Contact
5. Select a Primary/Backup coordinator and Physician signing/CMO, these will all need to be added separately

Documenting Training Requirements

Clinic Staff Change Request

Contact Type *
NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/VTRCKS)

Alternate Contact Type
CHOOSE

First Name *
DEB

Middle Name

Last Name *
VACCINE

Email
EMAIL@DOMAIN.COM

NPI

Telephone
860-999-0000

Ext
99999

Fax Number
999-999-9999

License Number
444444

Comments

Medicaid Provider ID

Employer ID Number

Specialty
CHOOSE

Title
CHOOSE

Administers Vaccinations
 Prescribes Vaccinations
 Main Contact/Shipping Contact

Training Section

| Course Name | CE Number | Completion Date | Upload Certificate | Add Training |
|-----------------------------|-----------|-----------------|--------------------|---|
| Vaccines for Children (VFC) | 0000 | 05/11/2023 | | <input type="button" value="Add Training"/> |
| VFC Storage and Handling | 0000 | 05/11/2023 | | <input type="button" value="Add Training"/> |

Cancel Update

Edit Clinic
Address / Name
Contact Information
Delivery Hours
Staff

1. Login to CT WiZ
2. Click on Clinic Tools
3. Click on Clinic Information, Staff
4. Click on Edit next to both the Primary and Backup Coordinators clinic contact and add in the two required trainings: [Vaccines for Children \(VFC\)](#) and [Vaccine Storage and Handling](#)
5. Once both Training modules have been added to the clinic contact, Click the 'Update'.
6. Only the Primary and Backup Coordinators need to complete and list these two trainings in CT WiZ. All other clinic contacts such as the (CMO) Chief Medical Officer or physician signing the agreement and any non-physician contacts listed do not need to complete them.

Click on this link: [update all clinic information and add training to get instructions on how to complete this.](#)

Completing the Enrollment in CT WiZ

2023 CVP ENROLLMENT ? i

Status: Not Submitted

Cancel Print Save Progress ▾

Begin the enrollment process by viewing the Checklist and completing each section within Preparation. Next, complete the Required Forms, Additional Questions and submit your enrollment.

1. Preparation

- ✓ Checklist +
- ✓ Required Staff And Staff Training +
- ✓ Delivery Hours +

2. Required Forms

- ⚠ Provider / Clinic Profile +
- ⚠ Provider / Clinic Agreement +
- Comments +

3. Additional Questions

- ⚠ Additional Questions +

1. Click on Clinic Tools, Enrollments.
2. Click Add New Enrollment.
3. If all clinic information screens are completed, Primary/Backup Coordinators with training modules added and a CMO are listed, you will see that most of the enrollment is confirming/checking boxes. Click 'Save Progress' button as you fill out each section.
4. Once all green check marks are reached, the CMO/physician signing the agreement will need to login to CT WiZ, click on the Provider Agreement tab, and sign off on the enrollment.
5. Once the enrollment has been signed, click on the drop-down arrow in the top right-hand corner in the Enrollment and submit the forms to the CVP for review/approval.

Visit our [Enrollment webpage](#) for training materials and a step-by-step instructional video on how to complete the enrollment from start to finish.

Inventory Management Training

The screenshot shows the DPH IMMUNIZATIONS website. The header includes the DPH logo and the text 'DPH IMMUNIZATIONS Connecticut's Immunization Program'. The navigation menu includes 'HOME', 'VACCINE PROVIDERS', 'GENERAL PUBLIC', 'LAWS AND REGULATIONS', 'CONTACT US', 'CT IMMUNIZATION COALITION', and 'DEPARTMENT OF PUBLIC HEALTH'. Below the navigation, there are links for 'CT VACCINE PROVIDERS (CVP)', 'CVP COMMUNICATIONS', 'COVID-19 VACCINE PROVIDERS', 'COVP COMMUNICATIONS', 'SCHOOL NURSES', and 'CT WIZ TRAINING'. The 'CT WIZ TRAINING' link is highlighted with a red arrow. The main content area features the slogan 'It's Your Best Shot!' and the 'CT WIZ' logo. A text box states: 'This page consists of training materials for CT WiZ users that consists of webinars and videos, training materials and additional resources for clinics.' Below this is a link for 'HEALTHCARE PROVIDER LOGIN'. On the right side, there is a section for 'UPCOMING CVP AND COVP TRAININGS' with a red arrow pointing to it, and two links: 'CT WiZ Direct Data Entry Training' and 'Vaccine Storage and Handling Assessment'.

UI/Direct Data Entry Trainings:

- Visit [CT WiZ Training Materials Webpage](#) to see “How To” videos and documents on patient and inventory management (for publicly-supplied and privately-purchased) in CT WiZ.
- Visit [CT WiZ - Private Inventory \(Video\)](#) to see how to manage private inventory.

HL7/EHR Interface with CT WiZ Trainings:

- Once your clinic ‘goes live’ in CT WiZ, DPH will contact you with training dates on how to use CT WiZ for publicly-supplied inventory management.
- *For privately-supplied reporting only, no inventory management is done in CT WiZ for EHR reporting clinics.*

Website/Help Desk

- [Our website](#) has numerous training videos and documents to help you throughout the process.
- If you need additional help, please submit a [help desk ticket](#) - select Immunization (CT WiZ) – the category and topic.



STATE OF CONNECTICUT

SEARCH LANGUAGE

DPH IMMUNIZATIONS
Connecticut's Immunization Program

HOME VACCINE PROVIDERS GENERAL PUBLIC LAWS AND REGULATIONS CONTACT US CT IMMUNIZATION COALITION DEPARTMENT OF PUBLIC HEALTH

CT VACCINE PROVIDERS (CVP) CVP COMMUNICATIONS COVID-19 VACCINE PROVIDERS COVP COMMUNICATIONS SCHOOL NURSES CT WIZ TRAINING

CONNECTICUT VACCINE PROGRAM (CVP)

The Connecticut Vaccine Program (CVP) is Connecticut's expanded pediatric vaccination program. The program is state and federally funded and provides vaccines at no cost to children under the age of 19 years. The CVP was developed in response to [CGS Sec. 19a-21](#), which requires healthcare providers who administer pediatric vaccines to obtain the vaccines through the Department of Public Health in most cases. The CVP now includes all Advisory Committee on Immunization Practices recommended vaccines for children aged 18 and younger with the exception of HPV vaccine for children 9, 10, and 13 through 18 years of age.

VACCINES SUPPLIED BY THE CVP PROGRAM >

Enroll or Re-enroll in CVP Program

All Providers in the CVP program need to complete the Provider Profile and Agreement on an annual basis. New providers can join the program at any time.

HOW TO RE-ENROLL | NEW PROVIDER ENROLLMENT | STATUS AND HELP

CVP LATEST COMMUNICATIONS

ACIP Updates June 28, 2023 >

CDC HAN 493: Guidance on Measles during the Summer Travel Season June 23, 2023 >

Reminder - Expansion of Human Papillomavirus (HPV) June 8, 2023 >

Reminder Recall Guide for Providers June 5, 2023 >

Keeping Connecticut Kids Healthy - CVP Update June 2, 2023 >

New Process for Shipping/Delivery Issues with all Varicella & MMRV Vaccines May 23, 2023 >

VIEW ALL CVP COMMUNICATIONS >

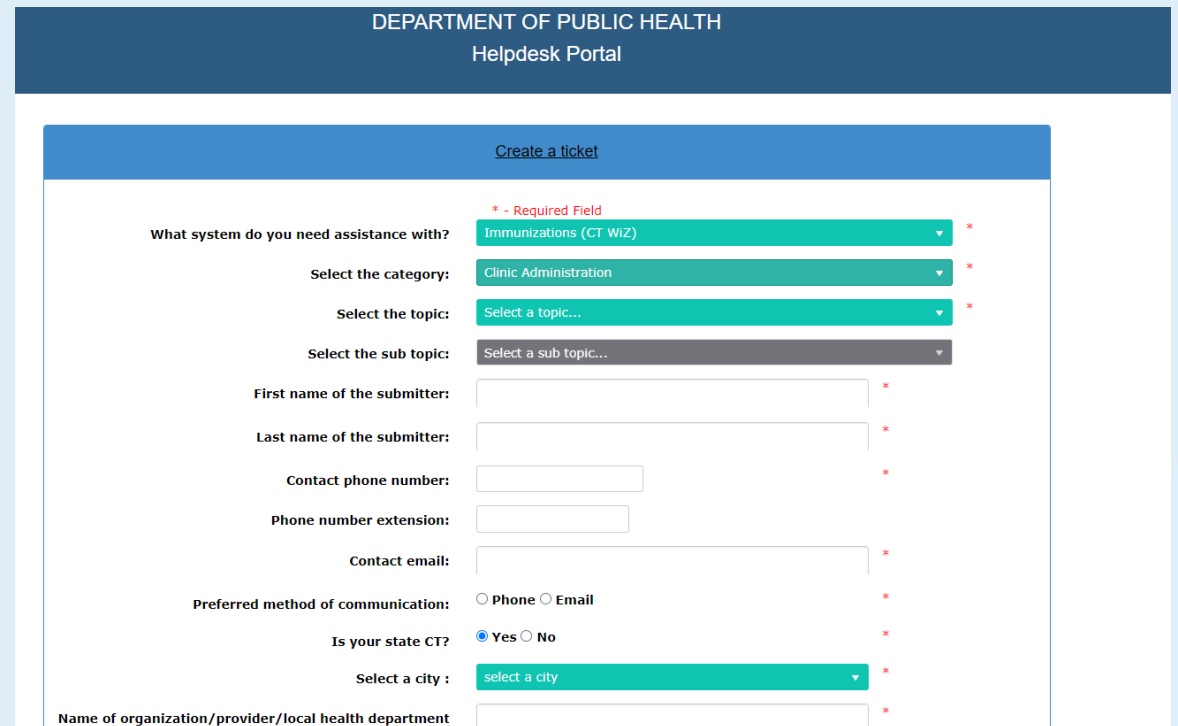
CONNECTICUT IMMUNIZATION PROVIDER SPOTLIGHTS

June 2023 - Stephanie Denya >

April 2023 - Village Pediatrics >

February 2023 - Harriott Home Health Services >

December 2022 - Stamford & Danbury Health Departments >



DEPARTMENT OF PUBLIC HEALTH
Helpdesk Portal

Create a ticket

What system do you need assistance with? **Immunizations (CT WiZ)** *

Select the category: **Clinic Administration** *

Select the topic: **Select a topic...** *

Select the sub topic: **Select a sub topic...**

First name of the submitter: *

Last name of the submitter: *

Contact phone number: *

Phone number extension: *

Contact email: *

Preferred method of communication: Phone Email *

Is your state CT? Yes No *

Select a city: **select a city** *

Name of organization/provider/local health department *

Questions & Answers

To ask a question, please raise your hand using the hand icon on your screen, type your question in the chat box or if you are on the phone press *6 to unmute yourself.

